IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / CERTIFICATE OF COMPLETION / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PROPERTY DESCRIPTION NO. 20484 DATE 3/17/95 TAX MAP NO. 13D-D-1 Watershed: ☐ Yes ☑ No

OWNER OR CONTRACTOR RUTH PITMAN PHONE: Business _____ Home 873-6751

ADDRESS 122 ROCKHAVEN DRIVE, STVL, NC 28677

LOCATION US 21 N TL JENNINGS RD TR MAP DRIVE (JUST PAST RIVER), 8TH LOT ON LEFT

SUBDIVISION IVY OAKS MHP BLOCK / SECTION _____ LOT 8 LOT AREA 0.309 AC SITE CLASS. P3 DESIGN FLOW 240 L.T.A.R. 0.4 GPD/FT²

Septic Tank: 1000 Gallons; STB 1012 Date 12/26/94

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 600 Linear Feet 200

No Lines 2 Trench Width 36" Max Trench Bottom Depth 18-36" Gravel Depth 12

☑ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: CONV. GRAVITY

Repair System Description: CONV. GRAVITY

Maintenance Agreement Required: ☐ Yes ☑ No

☐ House/Mod. Home No. Bedrooms 2

☑ Mobile Home No. Bathrooms 1

☐ Business No. Employees ____

☐ Other _____

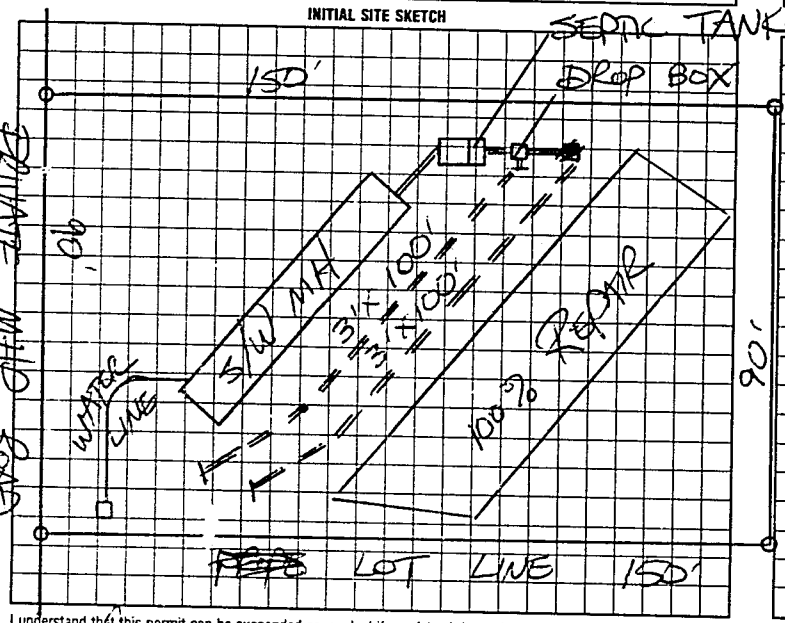
☐ Slab ☑ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

Water Supply: ☐ Individual ☐ Community ☑ Public

Comments: KEEP SYSTEM MINIMUM 5' FROM MH FOUNDATION, 10' FROM WATER LINE & INSTALL LINES ON CONTOUR NO DEEPER THAN 36", 9' ON CENTER MINIMUM.

Comments:

INITIAL SITE SKETCH



AS BUILT SKETCH

SYSTEM INSTALLED ACCORDING TO INITAL SITE SKETCH

I understand that this permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit is valid for 60 months from date of issuance.

Signed: Ruth D. Pitman

Improvement Permit by: STEVE HEDRICK date 3/17/95

Existing System Inspection by: _____ date _____

Installed by: DONALD LACKEY

Certificate of Completion by: STEVE HEDRICK date 3/28/95

Operation Permit by: _____ date _____

HEALTH DEPT. COPY: WHITE INSPECTION COPY (FINAL): GREEN OWNER COPY (FINAL): YELLOW INSPECTION COPY (INITIAL): PINK OWNER COPY (INITIAL): GOLD